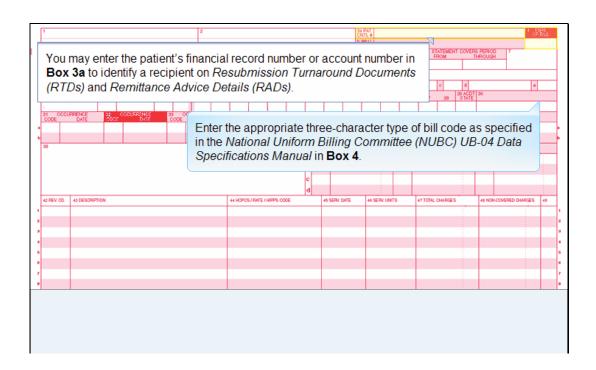In this tutorial, you will learn how to complete the UB-04 Inpatient claim form.

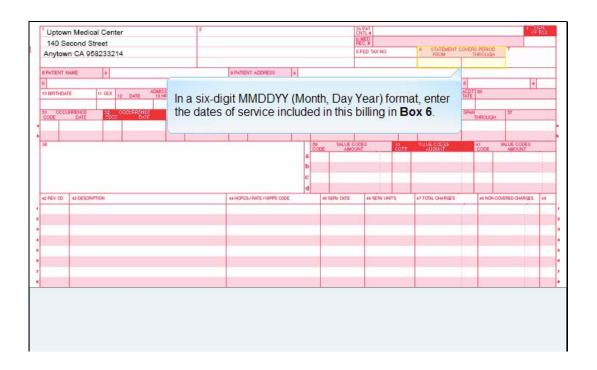**Note:** Information used to complete examples is fictitious.

Enter the hospital name, address (without a comma between the city and state) and nine-digit ZIP code (without a hyphen) in **Box 1**.

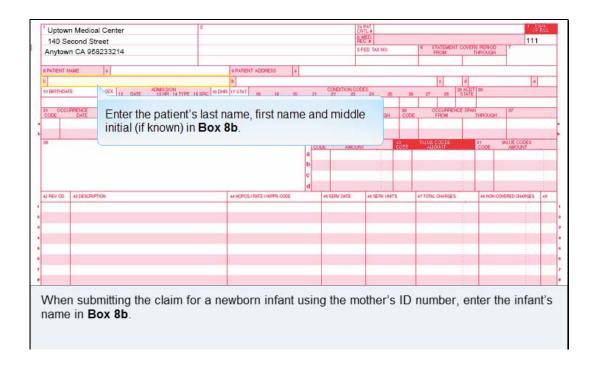Entering a telephone number is optional in this field.

You may enter the patient's financial record number or account number in **Box 3a** to identify a recipient on *Resubmission Turnaround Documents (RTDs)* and *Remittance Advice Details (RADs).*

Enter the appropriate three-character type of bill code as specified in the National Uniform Billing Committee (NUBC) UB-04 Data Specifications Manual in **Box 4**.
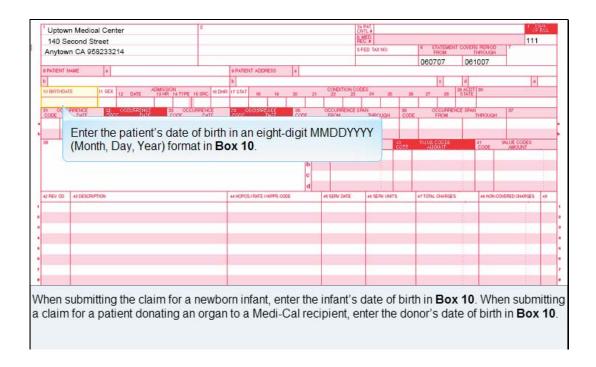
In a six-digit MMDDYY (Month, Day Year) format, enter the dates of service included in this billing in **Box 6**.
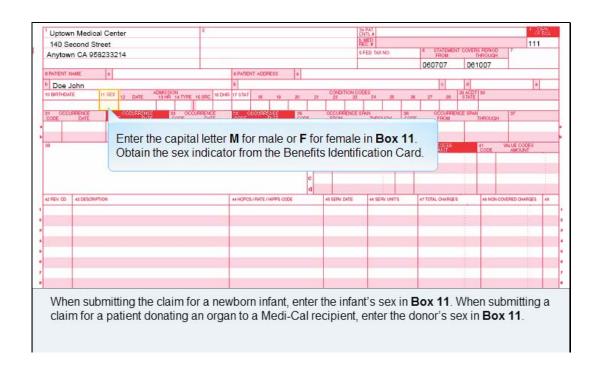
Enter the patient's last name, first name and middle initial (if known) in **Box 8b**.

When submitting the claim for a newborn infant using the mother's ID number, enter the infant's name in **Box 8b**.
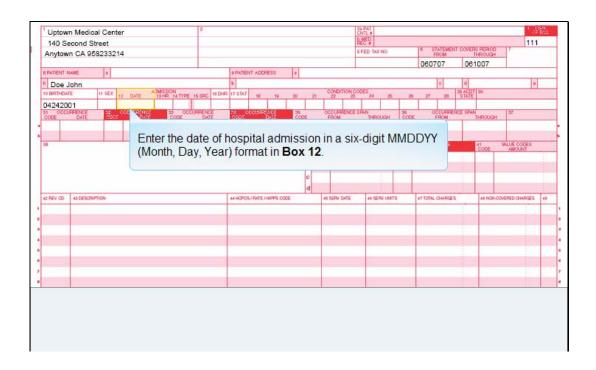
Enter the patient's date of birth in an eight-digit MMDDYYYY (Month, Day, Year) format in **Box 10**.

When submitting the claim for a newborn infant, enter the infant's date of birth in **Box 10**. When submitting a claim for a patient donating an organ to a Medi-Cal recipient, enter the donor's date of birth in **Box 10**.
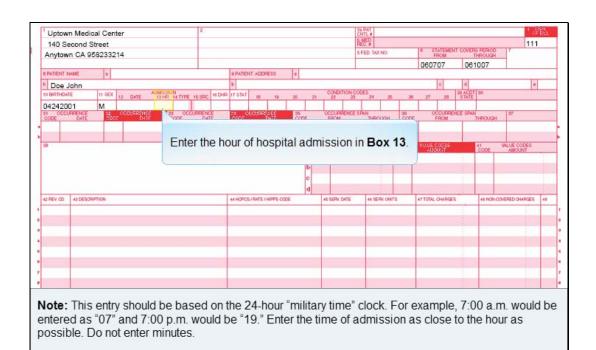
Enter the capital letter **M** for male or **F** for female in **Box 11**. Obtain the sex indicator from the Benefits Identification Card.

When submitting the claim for a newborn infant, enter the infant's sex in **Box 11**. When submitting a claim for a patient donating an organ to a Medi-Cal recipient, enter the donor's sex in **Box 11**.
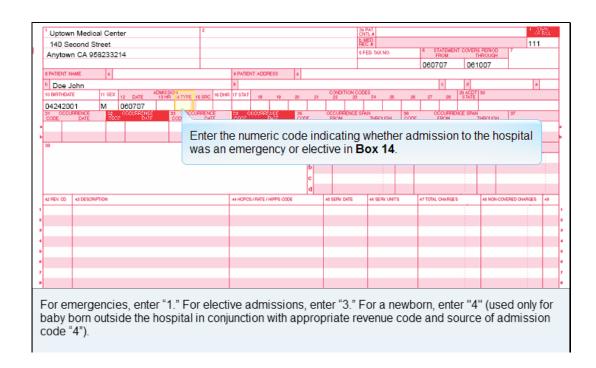
Enter the date of hospital admission in a six-digit MMDDYY (Month, Day, Year) format in **Box 12**.
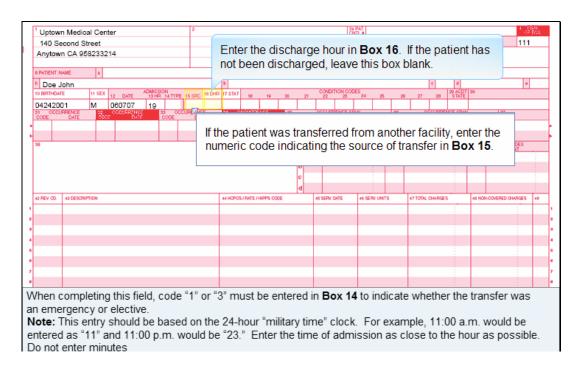
Note: This entry should be based on the 24-hour "military time" clock. For example, 7:00 a.m. would be entered as "07" and 7:00 p.m. would be "19." Enter the time of admission as close to the hour as possible. Do not enter minutes.

Enter the hour of hospital admission in **Box 13**.

Note: This entry should be based on the 24-hour "military time" clock. For example, 7:00 a.m. would be entered as "07" and 7:00 p.m. would be "19." Enter the time of admission as close to the hour as possible. Do not enter minutes.

Enter the numeric code indicating whether admission to the hospital was an emergency or elective in **Box 14**.

For emergencies, enter "1." For elective admissions, enter "3." For a newborn, enter "4" (used only for baby born outside the hospital in conjunction with appropriate revenue code and source of admission code "4").
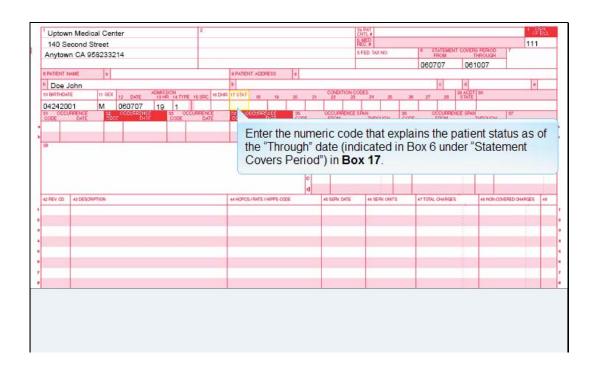
If the patient was transferred from another facility, enter the numeric code indicating the source of transfer in **Box 15**.
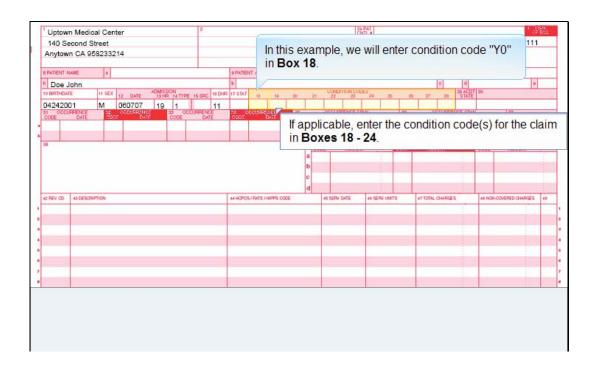
When completing this field, code "1" or "3" must be entered in **Box 14** to indicate whether the transfer was an emergency or elective.

Enter the discharge hour in **Box 16**. If the patient has not been discharged, leave this box blank.

Note: This entry should be based on the 24-hour "military time" clock. For example, 11:00 a.m. would be entered as "11" and 11:00 p.m. would be entered as "23." Enter the time of admission as close to the hour as possible. Do not enter minutes
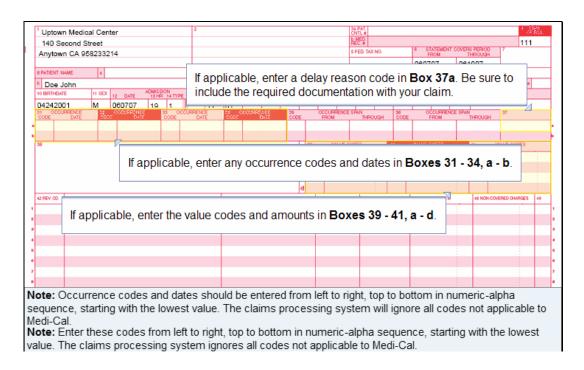
Enter the numeric code that explains the patient status as of the "Through" date (indicated in Box 6 under "Statement Covers Period") in **Box 17**.

If applicable, enter the condition code(s) for the claim in **Boxes 18 - 24**.

In this example, we will enter condition code "Y0" in **Box 18**.

If applicable, enter any occurrence codes and dates in **Boxes 31 - 34, a - b**.

Note: Occurrence codes and dates should be entered from left to right, top to bottom in numeric-alpha sequence, starting with the lowest value. The claims processing system will ignore all codes not applicable to Medi-Cal.

If applicable, enter a delay reason code in **Box 37a**. Be sure to include the required documentation with your claim.

If applicable, enter the value codes and amounts in **Boxes 39 - 41, a - d**.

Note: Enter these codes from left to right, top to bottom in numeric-alpha sequence, starting with the lowest value. The claims processing system ignores all codes not applicable to Medi-Cal.